



Complete Summary

TITLE

Atrial fibrillation (AF) and atrial flutter: percentage of patients aged 18 years and older with a diagnosis of nonvalvular AF or atrial flutter at high risk for thromboembolism who were prescribed warfarin during the 12 month reporting period.

SOURCE(S)

American College of Cardiology, American Heart Association, Physician Consortium for Performance Improvement®. Atrial fibrillation and atrial flutter physician performance measurement set. Chicago (IL): American Medical Association; 2007 Dec. 21 p. [1 reference]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation (AF) or atrial flutter at high risk for thromboembolism who were prescribed warfarin during the 12 month reporting period.

RATIONALE

Adjusted-dose warfarin is highly efficacious in preventing thromboembolism in patients with atrial fibrillation (AF) and should be prescribed for all high risk patients except those with contraindications to anticoagulation. Aspirin is preferred in patients without risk factors or in those with contraindications to

anticoagulation, and is an alternative to anticoagulation in those with only one moderate risk factor.

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

2006 American College of Cardiology/American Heart Association/European Society of Cardiology (ACC/AHA/ESC) Guidelines for the Management of Patients with Atrial Fibrillation

Chronic Anticoagulation Therapy

(Recommendations other than those listed below pertain to antithrombotic therapy for patients with AF undergoing cardioversion)

1. Antithrombotic therapy to prevent thromboembolism is recommended for all patients with AF, except those with lone AF or contraindications.
2. The selection of the antithrombotic agent should be based upon the absolute risks of stroke and bleeding and the relative risk and benefit for a given patient.
3. Anticoagulation with a vitamin K antagonist is recommended for patients with more than one moderate risk factor. Such factors include age 75 years or greater, hypertension, heart failure (HF), impaired left ventricular (LV) systolic function (ejection fraction 35% or less or fractional shortening less than 25%), and diabetes mellitus.
4. For patients without mechanical heart valves at high risk of stroke, chronic oral anticoagulant therapy with a vitamin K antagonist is recommended in a dose adjusted to achieve the target intensity international normalized ratio (INR) of 2.0 to 3.0, unless contraindicated. Factors associated with highest risk for stroke in patients with AF are prior thromboembolism (stroke, transient ischemic attack [TIA], or systemic embolism) and rheumatic mitral stenosis.
5. The INR should be measured at least weekly during initiation of therapy and monthly when anticoagulation is stable.
6. Aspirin, 81 to 325 mg daily, is recommended as an alternative to vitamin K antagonists in low-risk patients or in those with contraindications to anticoagulation.
7. Antithrombotic therapy is recommended for patients with atrial flutter as for those with AF.

PRIMARY CLINICAL COMPONENT

Nonvalvular atrial fibrillation (AF); atrial flutter; high risk for thromboembolism (prior stroke, transient ischemic attack [TIA], age greater than or equal to 75 years, hypertension, diabetes mellitus, heart failure, impaired left ventricular [LV] systolic function); warfarin therapy

DENOMINATOR DESCRIPTION

All patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation (AF) or atrial flutter at high risk for thromboembolism (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients who were prescribed warfarin during the 12 month reporting period

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [ACC/AHA/ESC 2006 guidelines for the management of patients with atrial fibrillation. A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the European Society of Cardiology Committee for Practice Guidelines \(Writing Committee to Revise the 2001 Guidelines for the Management of Patients With Atrial Fibrillation\).](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation (AF) or atrial flutter at high risk for thromboembolism

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation (AF) or atrial flutter at high risk for thromboembolism

Note: Patients are identified by American College of Cardiology/American Heart Association/European Society of Cardiology (ACC/AHA/ESC) 2006 guidelines by the following risk levels for thromboembolism:

- *High risk:* prior stroke or transient ischemic attack (TIA) OR two or more of the following factors: age greater than or equal to 75 years, hypertension, diabetes mellitus, and heart failure or impaired left ventricular systolic function
- *Intermediate risk:* one of the following factors: age greater than or equal to 75 years, hypertension, diabetes mellitus, and heart failure or impaired left ventricular systolic function
- *Low risk:* none of the following factors: prior stroke or TIA, age greater than or equal to 75 years, hypertension, diabetes mellitus, and heart failure or impaired left ventricular systolic function

Exclusions

- Documentation of medical reason(s) for not prescribing warfarin (e.g., patients with transient or reversible causes of AF (e.g., pneumonia or hyperthyroidism), postoperative patients, patients who are pregnant, allergy to warfarin, risk of bleeding)
- Documentation of patient reason(s) for not prescribing warfarin (e.g., economic, social, and/or religious impediments, noncompliance or other reason for refusal to take warfarin)

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients who were prescribed warfarin during the 12 month reporting period

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #2: chronic anticoagulation therapy.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

[Atrial Fibrillation and Atrial Flutter Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the American College of Cardiology, the American Heart Association, and the Physician Consortium for Performance Improvement®

DEVELOPER

American College of Cardiology
American Heart Association
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2007 Dec

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American College of Cardiology, American Heart Association, Physician Consortium for Performance Improvement®. Atrial fibrillation and atrial flutter physician performance measurement set. Chicago (IL): American Medical Association; 2007 Dec. 21 p. [1 reference]

MEASURE AVAILABILITY

The individual measure, "Measure #2: Chronic Anticoagulation Therapy," is published in the "Atrial Fibrillation and Atrial Flutter Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by email at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on June 9, 2008. The information was verified by the measure developer on August 13, 2008.

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Date Modified: 11/10/2008

